



राष्ट्रीय गतिशील दिव्यांगजन संस्थान
National Institute for Locomotor Disabilities (Divyangjan)

(दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)

Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India

B.T. ROAD, BON-HOOGHLY, KOLKATA-700090

बी.टी. रोड बनहुगली, कोलकाता-700090

Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379/E-mail: mail@NILD.in and web: www.NILDkol.nic.in

ENQUIRY NO: RSU-MAIN STORE/1133/RSU/NILD

Date:07-05-2018

Last date of receiving quotation: 28 -05-2018

Delivery required within : 15 Days after issuing the P.O.

TO

NILD NOTICE BOARD

NILD WEBSITE

SUB: LIMITED TENDER NOTICE

REF: INVITING OF QUOTATIONS FOR THE PURCHASE OF MEDICINE ITEMS FOR MEDICINE STORE.

SL.	NAME OF THE ITEMS	Specification	QTY
01	Savlon or equivalent	1 litre bottle	40 bottles
02	Gauze than	Best quality	60 than
03	Roll bandage	4 inch	50 Pkt
04	Microdrip set with burette	Best quality	115 Pcs
05	Cotton roll	Best quality	25 rolls
06	Lignocaine jelly	2%	42 Tubes
07	Tab paracetamol	650mg	350 Pcs
08	Tab paracetamol	500mg	100 Pcs
09	Normal saline	500 ml	175 bottles
10	Leucoplast	4 inch	35 rolls
11	Soframycin ointment or equivalent	30 g	50 tubes
12	Disposable syringe	2cc	850 Pcs
13	Disposable syringe	10cc	600 Pcs
14	Korsolex	500ml	15 bottles
15	Baccishield	1 Ltr	10 bottles
16	Tr. Benzoin	250 ml	01 bottle
17	Baccillol 25	250 ml	30 bottles
18	Baccilloid(special)	500 ml	15 bottles
19	NS (500 ml)	500 ml	150 bottles
20	RL (500 ml)	500 ml	100 bottles
21	Chlorhexidine hand rub (Microshield or equivalent)	500 ml	10 bottles

Note: Suppliers are requested to quote the items as per samples.

Terms & Conditions

1. Quote the rate according to sample & specification in the given format along with all relevant documents i.e. GST/ IT/ others etc in the given format (Format is mentioned below)
2. **Submit the quotation for the above mentioned items in a sealed envelope**, to the Purchase Section / Tender Box **within 28- 05 -2018** between 10am to 4 pm addressed to ‘**The Director, NILD, B.T.Road, Bon-hooghly, Kolkata – 90**’ with the word **“TENDER FOR PURCHASE OF MEDICINE ITEMS FOR MEDICINE STORE alongwith NIT Enquiry No. RSU-MAIN STORE/1113/RSU/NILD** **boldly super scribed on the top of the envelope.**
3. **Each page of the quotation must be self attested.**
4. **Rates will remain valid for 3 months.**
5. **Delivery period : within 15 days of issuing P.O.**
6. **Any delay in supply will attract Liquidated damage as per GOI rules.**
7. **Failure to supply in time may also lead to cancellation of Purchase order and forfeiture of Bid Security.**
9. **Terms of payment: Payment will be made after completion of delivery.**
10. **Free delivery to NILD MAIN STORE.**
11. **Rate should be quoted in the given format**

Sl. No	Name of the item	Specification as per our NIT	Unit Price	GST	Total price
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Thanking you.

Yours faithfully

Officer-In- Charge
Material Management